

CT CORPORATION
A Walter & Davis Company

FILED
Service of Process
Transmittal

02/01/2007
Log Number 511567794
2007 FEB 20 P 12:40

TO: Kim Turner
Allstate Insurance Company - Nashville MCO
555 Marriott Drive, Suite 850
Nashville, TN, 37214

RE: Process Served in Tennessee

FOR: ALLSTATE INSURANCE COMPANY (Domestic State: IL)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION: Ricky Harden and Brenda Harden, Plffs. vs. Allstate Insurance Company, Dft.
DOCUMENT(S) SERVED: Letter, Summons, Complaint, Exhibits
COURT/AGENCY: Bradley County Chancery Court, TN
Case # 07015
NATURE OF ACTION: Insurance Litigation - Breach of Contract
ON WHOM PROCESS WAS SERVED: C T Corporation System, Knoxville, TN
DATE AND HOUR OF SERVICE: By Certified Mail on 02/01/2007 postmarked on 01/29/2007
APPEARANCE OR ANSWER DUE: within 30 days after service-file answer
ATTORNEY(S) / SENDER(S): William J. Brown
23 North Ocoee Street
P.O. Box 1001
Cleveland, TN, 37364-1001
423-475-4515
REMARKS: Process served/received by the Insurance Commissioner on 01/25/07, and mailed to CT Corporation System on 02/01/07.
ACTION ITEMS: SOP Papers with Transmittal, via Fed Ex Priority Overnight, 795595858209
SIGNED: C T Corporation System
ADDRESS: 800 S. Gay Street
Suite 0221
Knoxville, TN, 37929-9710
TELEPHONE: 865-342-3522

Exhibit
1

Page 1 of 1/EF

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of the package only, not of its contents.

9/2 P. 453 NO. 453

FEB 13 2007 2:05PM ALL STATE



6391476097
SRK

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1131

January 29, 2007

Allstate Ins Company % C T Corp.
800 South Gay Street, Ste 2021
Knoxville, TN 37929-9710
NAIC # 19232

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7006 2150 0004 6618 0996
Cashier # 1517

Re: Ricky & Brenda Harden V. Allstate Ins Company % C T Corp.

Docket # 07-015

To Whom It May Concern:

We are enclosing herewith a document that has been served on this department on your behalf in connection with the above-styled matter.

I hereby make oath that the attached Breach Of Contract Complaint was served on me on January 25, 2007 by Ricky & Brenda Harden pursuant to Tenn. Code Ann. § 56-2-504 or § 56-2-506. A copy of this document is being sent to the Chancery Court of Bradley County, TN.

Brenda C. Meade
Designated Agent
Service of Process

Enclosures

cc: Chancery Court Clerk
Bradley County
155 North Ocoee Street
Cleveland, Tn 37311

Service of Process 615.532.5260

NO. 453 P. 3/16

FEB. 13. 2007 2:05PM ALL STATE

STATE OF TENNESSEE
THE CHANCERY COURT OF BRADLEY COUNTY, TENNESSEE
AT CLEVELAND

RICKY HARDEN and wife
BRENDA HARDEN

ALLSTATE INSURANCE COMPANY

No. 07-015
Jury Demand

To the above named defendant(s): COMMISSIONER OF INSURANCE
Policy No. 9 30 246958 02/23

You are hereby summoned and required to serve upon WILLIAM J. BROWN, Plaintiff's attorney, whose address is 23 North Ocoee Street, P.O. Box 1001, Cleveland, TN 37364-1001 (423) 476-4515, an answer to the complaint which is herewith served upon you within thirty (30) days after service of this summons upon you, exclusive of the day of service, and file a copy of the answer with this court within thirty (30) days after answer is made. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Witness, Clerk, of said court, issued this 19th day of January, 2007.

Carl D. Shrewsbury
BRADLEY COUNTY CLERK & MASTER

Joann Crabtree
DEPUTY CLERK

RETURN OF SERVICE

I hereby certify and return, that on the _____ day of _____, 2007, I served this summons together with a copy of the Complaint as follows

Process Server

NOTICE

TO THE DEFENDANT(S):

Tennessee law provides a four thousand dollar (\$4,000.00) personal property exemption from the execution or seizure to satisfy a judgement. If a judgement should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgement becomes final, it will not be effective as to any execution of garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these items of necessary wearing apparel for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek counsel of a lawyer.

07-cv-36
Maddie/he
FILED

IN THE CHANCERY COURT FOR BRADLEY COUNTY, TENNESSEE
AT CLEVELAND

RICKEY HARDEN and wife,
BRENDA HARDEN,
Plaintiffs

vs.

ALLSTATE INSURANCE COMPANY,
Defendant

Docket No. 07-015

Jury Demand

COMPLAINT

Come the Plaintiffs, Rickey Harden and wife Brenda Harden, by and through counsel who would hereby sue the Defendant, Allstate Insurance Company, for declaratory judgment as provided by T.C.A. §29-14-101 et. seq. and breach their contract of insurance and for cause would show as follows:

1. Plaintiffs are citizens and residents of Hamilton County, Tennessee and their address is 6605 Harden Road, Birchwood, Tennessee 37308.

2. The Defendant Allstate Insurance Company (Defendant) is a foreign domestic insurance company licensed to provide insurance and to otherwise do business in the State of Tennessee. Service of process shall be accomplished through the Commission of Insurance for the State of Tennessee pursuant to T. C. A. 56-2-103(a)(3).

3. On or about February 23, 2005, the parties purchased a home owners policy which, among other things insured their home and contents from fire damage, from an agent for the defendant named George Gray in Cleveland, Bradley County, Tennessee. A copy of the letter confirming coverage and the homeowners policy declaration are attached as Exhibits A and B respectively to this complaint. The coverage under the policy included \$95,000 for the dwelling and separate structures with a \$500 deductible, and \$66,500 for personal property protection with a \$500 deductible. The premium was paid and the insurance was to be in full force and effect through February 23, 2006.

4. On or about August 11, 2005, the Plaintiffs' residence and personal property contained therein was seriously damaged as a result of a fire on the premises. In addition, a separate unattached storage building and the plaintiffs above ground swimming pool was destroyed by the fire. A copy of the fire incident report is attached as Exhibit C. Plaintiffs gave prompt notice of the fire and their damages to the defendants' agent, George Gray.

FILED
CLERK & MASTER
CARL D. JAMES

2007 JAN 19 PM 3:12

5. On August 15, 2005, the Plaintiffs received a letter from Dale Gray, an adjustor for the defendant advising them that their claim was received and that the fire loss was covered under their policy. A copy of that letter is attached hereto as Exhibit D to this complaint.

6. The Plaintiffs submitted their "Proof of Loss" and submitted to the defendant as required by the policy.

7. On or about September 10, 2006, the defendant through its agent, Richard Reid, transmitted to the plaintiffs a letter denying the plaintiff's claim. Prior to that communications, the plaintiffs had no reason to believe that the claim would not be approved by the defendant as was presented in the letter that was noted paragraph 5 above. A copy of the denial letter is attached hereto as Exhibit E to this complaint. It is the plaintiffs understanding that the defendant paid on the 1st and 2nd mortgages on the property to "Countrywide Home Loans" in the approximate amount of \$79,268.52 leaving a balance of \$734.00 on the mortgages, and have paid for some of the plaintiffs "Additional Living Expenses" as provided on page 9 of the policy. This would leave approximately \$15,731.48 available under the policy for the plaintiffs damages to their dwelling and out structures. After the deductible, the full amount of \$66,500 that was available under the personal property portion of the policy is available to satisfy the plaintiffs claims as to their personalty.

8. The basis and justification for the denial of the claims as asserted in Exhibit E associated with the statement that the plaintiffs burned their own house down is false and without factual foundation. In addition, the statement that the plaintiffs have concealed and misrepresented material facts during the investigation is false and without factual foundation. As to the issue that the plaintiffs have not cooperated by not providing the documentation requested by the defendant during the investigation is false to the extent that the Plaintiffs have provided documentation as required under the policy at page 11 under Section I, ¶3. The plaintiffs refused to provide copies of their income tax returns due to the unreasonable demands and improper use that was suggested by the defendant's attorney.

9. That the defendants failure to pay the claim as filed by the plaintiffs is a breach of the contract of insurance, and that the actions of the defendant constitute bad faith as that term is used at T.C.A. §56-7-105(a) and the imposition of the 25% penalty as permitted by that statute should be imposed on the defendant.

10. That it is currently the plaintiffs intention to rebuild their home and as such would claim the benefits found at page 12 under Section I, ¶ 5 (b) and (c) for the damage to the plaintiffs dwelling and other structures, and for the personalty as found at ¶ (c). This would be the replacement cost of those structures and the plaintiffs personalty. In addition, the plaintiff would demand that there be payments of interest under the provisions found at page 19 under the Section headed "Additional Protection" at ¶1(b).

FEB 20 P 12

George Gray
2204 N Keith St
Cleveland TN 37311

- Your Quick Insurance**
- ✓ Verify the information listed in Policy Declarations.
 - ✓ Please call if you have any questions.
 - ✓ File this package safely away.
 - ✓ If premium is due or if it has changed, bill or refund will be mailed separately.

|||||
Rickey Harden
6605 Harden Rd
Birchwood TN 37308

Confirming Your Policy

Changes have been made to your policy. If you want your policy information, please call.

The changes took effect on 1/1/07. Policy Declarations include:

A discount has been applied to your policy.
A change in Residence has been made.

Your premium for the next period has been increased by a total of \$14.00.

The coverages and amounts for your property, and the costs of those coverages, are listed in detail on the attached Amended Policy Declarations. You can see the specific changes to your policy by comparing this Amended Policy Declarations to the Policy Declarations previously mailed to you.

If you have any questions or concerns, please contact George Gray at (423) 479-5431—or call the Allstate Information Center at 1-800-ALLSTATE (1-800-255-7828).

Sincerely,

Edward M. [Signature]

Edward M. [Name]
President, Allstate Insurance Company

EXHIBIT A
to Complaint



Allstate Insurance Company

FILED Allstate

AMENDED

Standard Homeowners
Policy Declarations

Summary

NAMED INSURED(S)
Rickey Harden
6605 Harden Rd
Birchwood TN 37308-5039

YOUR ALLSTATE AGENT IS:
George Gray
2204 N Keith St
Cleveland TN 37311

CONTACT YOUR AGENT AT:
(423) 479-5431

POLICY NUMBER
9 30 246958 02/23

POLICY PERIOD
Begins on Feb. 23, 2005
at 12:01 A.M. standard time,
with no fixed date of expiration

PREMIUM PERIOD
Feb. 23, 2005 to Feb. 23, 2006
at 12:01 A.M. standard time

LOCATION OF PROPERTY INSURED

HWY 60 TO HWY 58 LEFT ON 58 TOWARD CHATTANOOGA APPROX 2-3 MILE TURN RIGHT ON GRASSHOPPER RD TAKE LEFT

MORTGAGEE(S) (Listed in order of precedence)

- COUNTRYWIDE HOME LOANS INC AND/OR ITS
ASSIGNS ATIMA
P O Box 10212 Sv-22 Van Nuys CA 91410-0212
- COUNTRYWIDE HOME LOANS INC AND/OR ITS
ASSIGNS ATIMA
P O Box 10212 Sv-22 Van Nuys CA 91410-0212

Loan #066262167

Loan #066270216

Total Premium for the Premium Period (Your bill will be mailed separately)

Premium for Property Insured \$591.00

TOTAL \$591.00

Your policy change(s) are effective as of Feb. 23, 2005



PROP *510004103011053008245302



Issued on or
January 10, 2005

Page 1
TN0744MD

91/6 P. 453 NO.

ALL STATE FEB. 13. 2007 2:07PM

Allstate Insurance Company

Policy Number: 930 248958 02/23 Your Agent: George Gray (428) 479-5431
For Premium Period Beginning: Feb. 23, 2005

POLICY COVERAGES AND LIMITS OF LIABILITY

COVERAGE AND APPLICABLE DEDUCTIBLES

(See Policy for Applicable Terms, Conditions and Exclusions)

LIMITS OF LIABILITY

Dwelling Protection - with Building Structure Reimbursement Extended Limits \$95,000
• \$500 All Peril Deductible Applies

Other Structures Protection \$9,500
• \$500 All Peril Deductible Applies

Personal Property Protection - Reimbursement Provision \$66,500
• \$500 All Peril Deductible Applies

Additional Living Expense Up To 12 Months

Family Liability Protection \$100,000 each occurrence

Guest Medical Protection \$5,000 each person

DISCOUNTS

Your premium reflects the following discounts on applicable coverage(s):

Age of Home	9 %	Protective Device	15 %
Claim Free	10 %	Home and Auto	10 %

RATING INFORMATION

The dwelling is of Frame construction and is occupied by 1 family

Allstate Insurance Company



Policy Number: 9 30 245958 02/23 Your Agent: George Gray (428) 479-5431
For Premium Period Beginning: Feb. 28, 2005

Your Policy Documents

Your Homeowners policy consists of this Policy Declarations and the documents listed below. Please keep them together.

- Standard Homeowners Policy form AP1
- Tennessee Amendatory Endorsement form AP397-3
- Bldg. Struct. Reimb. Ext. Limits End. form AP357
- Standard Amendatory Endorsement form AP164

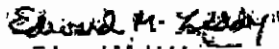
Important Payment and Coverage Information

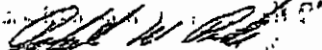
The property insurance adjustment condition applies using the Boeckh Publications Building Cost Index developed by The American Appraisal Associates, Inc.

Please note: This is not a request for payment. Any adjustments to your premium will be reflected on your next scheduled bill which will be mailed separately.

In the meantime, if you have any outstanding or unpaid bills, please pay at least the minimum amount due to assure your policy continues in force. If you have any questions, please contact your agent.

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by two of its officers at Northbrook, Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Allstate.


Edward M. Liddy
President


Robert W. Pike
Secretary

PNOP "810004105011053002240303"



Information as of
January 10, 2005

Page 3
TWENTY

91/11 P. NO.453

FEB. 13. 2007 2:08PM ALL STATE

FIRE REPORT LINE

911

Fire Incident Report

PHONE: (423) 344-5770

FAX: (423) 344-5595

Highway 58 Volunteer Fire Department, Inc.

P. O. Box 310, Harrison, Tennessee 37341

Business Office Hours: Monday - Friday 8:30 a.m. - 1:00 p.m.

EXHIBIT C

to Complaint

Date	Incident #	Alarm	Responding	Arrival	Available
8/11/05	1772	2:02	2:06	2:09	5:21

Address: 6805 HARDEN RD Address: BIRCHWOOD TR 37308Occupant: RICKY HAALEY Phone: Owner: RICKY HAALEY Phone:

Situation:	Action:	Property Use:	Ignition Factor:	Area of Origin:	Source of Heat
<input checked="" type="checkbox"/> Structure	<input checked="" type="checkbox"/> Extinguish	<input checked="" type="checkbox"/> Single Family	<input checked="" type="checkbox"/> Accidental	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Gas Equip.
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Investigation	<input type="checkbox"/> Duplex	<input type="checkbox"/> Suspicious	<input type="checkbox"/> Utility	<input type="checkbox"/> Liquid Equip.
<input type="checkbox"/> Brush	<input type="checkbox"/> Remove Hazard	<input type="checkbox"/> Apartment	<input type="checkbox"/> Incendiary	<input type="checkbox"/> Garage	<input type="checkbox"/> Solid Equip.
<input type="checkbox"/> Trash	<input type="checkbox"/> Standby	<input type="checkbox"/> Farm	<input type="checkbox"/> Equip. Failure	<input type="checkbox"/> Bedroom	<input type="checkbox"/> Elect. Equip.
<input type="checkbox"/> Spill	<input type="checkbox"/> Rescue / Assist	<input type="checkbox"/> Woods / Field	<input type="checkbox"/> Lack of Maint.	<input type="checkbox"/> Closet	<input type="checkbox"/> Loose Conn.
<input type="checkbox"/> Lines Down		<input type="checkbox"/> Marina	<input type="checkbox"/> Electrical	<input type="checkbox"/> Attic	<input type="checkbox"/> Cigarette
<input type="checkbox"/> Smoke		<input type="checkbox"/> River	<input type="checkbox"/> Cooking	<input type="checkbox"/> Living Room	<input type="checkbox"/> Match / Lighter
<input type="checkbox"/> Control Burn		<input type="checkbox"/> Church	<input type="checkbox"/> Lightning	<input type="checkbox"/> Hallway	<input type="checkbox"/> Open Fire
<input type="checkbox"/> False Call		<input type="checkbox"/> School	<input type="checkbox"/> Leak / Spill	<input type="checkbox"/> Outside	<input type="checkbox"/> Rakekindle
<input type="checkbox"/> Alarm Malf.		<input type="checkbox"/> Commercial	<input type="checkbox"/> Exposure	<input type="checkbox"/> Roof	<input type="checkbox"/> Lightning
<input type="checkbox"/> Investigation		<input type="checkbox"/> Condominium	<input type="checkbox"/> No Ignition	<input type="checkbox"/> Inside Wall	<input type="checkbox"/> Ballast
<input type="checkbox"/> Chimney		<input type="checkbox"/> Utility		<input type="checkbox"/> Under Floor	<input type="checkbox"/> Defect Equip.
		<input type="checkbox"/> Road		<u>Fully Involved</u>	

Equipment:	Material Ignited:	Method of Ext.:	Construction Type:	Detector Perform:
<input type="checkbox"/> Elect. Heat	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Self	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Oper. in Room
<input type="checkbox"/> Central Heat	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Booster	<input type="checkbox"/> Block / Masonry	<input type="checkbox"/> Oper. not in Rm.
<input type="checkbox"/> Cook Stove	<input type="checkbox"/> Gasoline	<input checked="" type="checkbox"/> Tankers	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> No Oper. in Rm.
<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Other Fuel	<input type="checkbox"/> Sandle	<input type="checkbox"/> Log	<input type="checkbox"/> No Oper. not in Rm.
<input type="checkbox"/> Chimney	<input type="checkbox"/> Cooking Grease	<input type="checkbox"/> Hydrant	<input checked="" type="checkbox"/> Mobile Home	<input type="checkbox"/> Very Small Fire
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Creosote	<input type="checkbox"/> Draft		<input type="checkbox"/> No Detectors
<input type="checkbox"/> Washing Mach.	<input checked="" type="checkbox"/> Plastic	<input type="checkbox"/> Master Stream		
<input type="checkbox"/> Clothes Dryer	<input checked="" type="checkbox"/> Rubber	<input type="checkbox"/> Dry Chem.		
<input type="checkbox"/> Water Heater	<input type="checkbox"/> Grass / Leaves	<input type="checkbox"/> CO2		
<input type="checkbox"/> Appliance	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Halon	<u>Flame/Damage/Smoke:</u>	<u>Fire Injuries</u>
<input type="checkbox"/> Wiring	<input checked="" type="checkbox"/> Cloth / Fibers	<input type="checkbox"/> Water Ext.	<input type="checkbox"/> Object	<u>Fire Deaths</u>
<input type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Carpet / Linoleum		<input type="checkbox"/> Part of Rm.	<u>Civilian Injuries</u>
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Paper		<input type="checkbox"/> Room	<u>Civilian Deaths</u>
			<input type="checkbox"/> Floor	
			<input type="checkbox"/> Structure	
			<input type="checkbox"/> No Damage	

Response Ins. Agent
 Standby Ins. Co.
 Tankers Ins. Amount
 Others Dollar Loss
 M/A \$ Loss Preven

Signature: Daniel Yoder 11627
 (Person Filling Out Report)

Comments: First units A.D.S. to
find double wide trailer fully
involved. Initial report advised possible
entrapped. Sheriff's office later confirmed.
 Is Owner A Subscriber? Yes No

9/12/16 P. 453 NO.

FEB. 13. 2007 2:08PM ALL STATE

Highway 58 Volunteer Fire Department Report Supplement

Chief	Lieutenants	Training	Station	Station	Station	Station
Officers	1621	Center	One	Two	Three	Four
1601	1622	510	520	546	570	585
1602	1623	511	521	547	571	586
1603	1624	512	522	548	572	587
1604	1625	513	523	549	573	588
1605	1262	514	524	550	574	589
1606	1627	515	525	551	575	590
1607	1628	516	526	552	576	591
1608	1629	517	527	553	577	592
1609		518	528	554	578	593
1610		519	529	555	579	594
		545	530	556	580	595
			531	557	581	596
			532	558	582	597
			533	559	583	598
			534	560	584	599
			535	561		
			536	562		
			537	563		
			538	564		
			539	565		
			540	566		
			541	567		
			542	568		
			543	569		
			544			
Captains	Staff					
1611	Officers					
1612	1630					
1613	1631					
1614	1632					
1615	1633					
1616	1634					
1617	1635					
1618	1636					
1619	1637					
1620	1638					
1621	1639					

Vehicles				
1641	1642	1643	1644	1645
1651	1652	1653	1654	1655
1661	1662	1663	1664	1665
1681	1682	1683	1684	1685
1691	1692	1693	1694	1695
			1696	1697
			1698	1699

1606 Incident Commander
 _____ Safety Officer
 _____ Public Info. Officer

Comments:

MEDIC ONE ON STD BY /
 Family was out of town. Units on scene extinguished fire via
 nursing operations and AFFF foam. Cause undetermined. Water used:
 approx. 10,000 gallons. Structure size: 70 ft x 40 ft.

FILED

August 15, 2005

2007 FEB 20 P 12: 11

EXHIBIT

D

to complaint

Allstate Insurance Company
301 Plus Park Blvd., Ste. 400
Nashville, TN 37217
1-877-840-7291, ext. 8506

Rickey Harden
6605 Harden Rd.
Birchwood, TN. 37308

RE: Claim # 6391476098 HDG

Dear Mr. Harden:

We are in receipt of your claim that occurred on 8/12/2005.

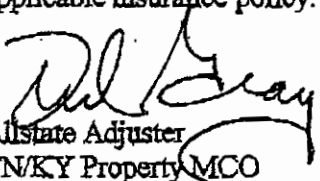
We are writing to inform you that if after a thorough and complete investigation, it is determined that your claim is covered, as an Allstate policyholder with damages that are valued at or above \$20,000.00, you have the right to receive quality repair work and have the damages to your property restored. Further, if it is determined that payment should be forthcoming, you also have the right to have the repairs done by a contractor of your choice. If you do not have a contractor Allstate will be happy to provide you with names of qualified contractors in your area. However, you must select and hire the contractor.

You may also have your contractor contact the adjuster listed below if there are any concerns regarding the estimate that was prepared. You will receive a detailed copy of the estimate, which will include the scope of damages and cost of repairs.

You are also entitled to a copy of your homeowner policy free of charge upon your request and there will be a need for you to file a proof of loss.

Should you have any concerns we are not able to clarify, you have the right to contact your adjuster or file a supplemental claim if needed. If an agreement cannot be reached, you have the right to file a complaint with the Department of Commerce and Insurance by calling 1-800-342-4029.

Neither the writing of this letter, nor the statements contained herein, should be construed as a waiver of the conditions, exclusions, or contract provisions contained within your applicable insurance policy.


Allstate Adjuster
TN/KY Property MCO

NO. 453 P. 14/16

ALL STATE

FEB. 13. 2007 2:09PM

615-874-6924

Mid America Nashville
Market Claim Office
Allstate Insurance Company
555 Marriott Drive, Suite 850
Nashville, TN 37214
Bus: (800) 829-0414



CERTIFIED MAIL-RETURN RECEIPT REQUESTED

September 10, 2006



Mr. and Mrs. Rickey Harden
6605 Harden Road
Birchwood, TN 37038

Re: Claim No.: 6391476097

Date of Loss: 8/12/05

Dear Mr. and Mrs. Harden:

We have continued to investigate your fire loss of August 12, 2005 and have reviewed your claim concerning this matter. At this time I must inform you that Allstate is exercising its right to deny your claim for insurance proceeds.

Our investigation revealed that the fire was incendiary in origin and we believe that the fire was set by you, or at your direction. Please refer to your policy on page 8 under Losses We Do Not Cover number nine which states "Intentional or criminal acts Of or at the direction of any insured person, if the loss that occurs:

1. may be reasonably expected to result from such acts; or
2. is the intended result of such acts

The policy also states on page 5, under the heading Concealment and Fraud "We do not cover any loss or occurrence in which any insured person has concealed or misrepresented any material fact or circumstance". It is our belief you have concealed and misrepresented material facts during the investigation of this claim.

Lastly, you have not cooperated in as much as you have not provided all documentation requested by Allstate during the investigation of this claim.

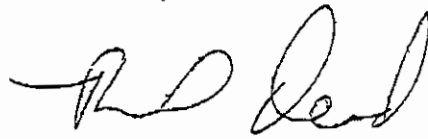
Please be advised Allstate reserves the right to later claim any other defenses not herein named to which Allstate may be entitled, or may become entitled.

We will be contacting your mortgage company regarding any claim they may wish to pursue regarding the mortgage on the home.

NO. 453 P. 15/16

FEB. 13. 2007 2:09PM ALL STATE

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Read', with a stylized, cursive script.

Richard Read
Staff Claim Service Adjuster

NO. 453 P. 16/16

FEB. 13. 2007 2:09PM ALL STATE